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**\*\* CONTINUING DATA \*\*\*\*\***

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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance S.A. Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		UNITED KINGDOM	2	29	3

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**TITLE**

Histological assessment of nuclear pleomorphism

<b>FILING FEE RECEIVED</b> 3240	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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